

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: C.V. Construction Group Inc
BUSINESS STREET ADDRESS: 2690 S.W. 122 Terr DAVIE ZIP 33330
BUSINESS MAILING ADDRESS: Same AS Above ZIP _____
BUSINESS PHONE: 954-294-4526
DESCRIBE TYPE OF BUSINESS: Interior Build-outs
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
<u>CRAIG FROTHINGHAM</u>	<u>Same AS Above</u>		
<u>VICTOR BLANCO</u>	<u>2108 NE 38th Road Homestead</u>		
Federal ID Number or Social Security Number			<u>TPC 299 9284 33033</u>

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license. I understand that this license upon issuance, is valid until September 30, 06, and must be renewed.

This application for home occupational license is for home use only, no signs or exterior storage, no on-site employees are permitted.

CRAIG FROTHINGHAM [Signature]
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date 1/10/06 Category 05800 Fee Exempt per Sec. 13-13 _____ Fee 182.32 Rec# _____ New _____ Trans _____
License # 0623318 Control # 17960 Zoning A9
Council approval Required ☒ Yes _____ No _____ Zoning Approval [Signature] Date 1/18/06
When Council Date _____ Approved _____ Denied _____
Referred To _____ Approved _____ Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION
Phone Mail only 50-40-24-01-0180
10632

TOWN OF DAVIE
6591 SW 45 STREET
DAVIE, FL 33314
(954) 797-1112

DATE 1/10/06

HOME OCCUPATIONAL LICENSE AFFIDAVIT

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 06, and must be renewed before October 1st.

I understand that as long as I conduct business in the Town of Davie I must keep an active occupational license.

This application for home occupational license allows mail and telephone use only, no signs or storage, no on-site employees or clients are permitted.

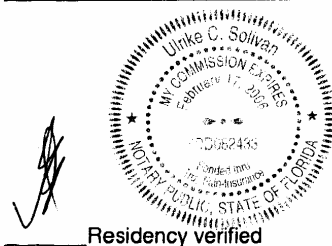
By signing below I agree to the above conditions.

CRAIG FROHRING
Print Owner or Officers Name and Title

Craig Frohring
Signature of owner or officer

STATE OF FLORIDA
TOWN OF DAVIE

The foregoing was acknowledged before me this 10 day of January, 2005
by, Craig Frohring Who is personally known to me or who has produced
Fl. Id., as identification and whom did/did not take an oath



NOTARY PUBLIC: Wike C Solivan
PRINT Wike C Solivan
COMMISSION EXPIRES 2/17/06